

B

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/069886**

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3		1					53						
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9		1					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		1					64						
15							65						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	23						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						